Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethlcs



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report receipt of

## FORM-GB

Gift or Bequest information receive	e
by a department or accepted by the	ie
Governor on behalf of the state	

For office use only

Indexed

Audited

Disclosure Board and the Gover this report to the Government O receipt of the gift or bequest.	rnment Oversight Committee. versight Committee. This form	The Board will provide a copy of is to be filed within 20 days of	CheckedCompuler
DEPARTMENT OR OFFICE RE	ECEIVING THE GIFT OR BEQ	UEST:	
STATE TRAINING SCH	OOL		
Name of Department or Office 3211 EDGINGTON AVENUE		ELDORA, IA 50627	
Mailing Address	City, Slale, Zip Code		
Area Code & Telephone No.		- <del></del>	<u> </u>
CONTACT PERSON FOR REC	PIENT DEPARTMENT OR OF	FFICE:	
Kristin Hagedon		<del></del>	
Name			
Mailing Address (if different from a	ibove)	City, State, Zip (if different fr	
khagedo@dhs.state.ia.us		City, State, Zip (ii dirierent ir	om above)
Email Address		Area Code & Telephone Nur	nber (if different from above)
ONOR OF GIFT OR BEQUES	T:		,
American Legion Auxiliary Post Name c/o Gloria Riedemann, treas. Malling Address Area Code & Telephone Number Email Address (optional) Provide a description of the gift or to cash donation to student ( Criteria to use this form: Racelpt of any gift or bequest that it	Hartley IA 51346 City, State, Zip Code bequest and purpose thereof: Christmas fund	Sept. 18, 2012  Date of Gift or Bequest  *value is defined as *fair man receiving department or office the state or received by the Governor on both states.	
atement of Affirmation:  Kristin Hagedon affirm essment of the fair market value (if			
Signature		Sept. 19	<del></del>
			Date

Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filled within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT	OR OFFICE RECEIVING THE	CIET OF BEOLISET

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	JEST:		
STATE TRAINING SCHOOL			
Name of Department or Office 3211 EDGINGTON AVENUE	or Office VUE  FLDORA, IA 50627		
Mailing Address	City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE		
Kristin Hagedon	TOL.		
Name			
Mailing Address (if different from above)			
khagedo@dhu.state.ia.us	Cily. State, Zip (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:	Production of the production and the production of the production		
All Things Possible Ministrics	_		
Address City State 7 Code	- 11-		
Aalling Address City. State, Zip Code	Sept. 18, 2012 \$18.00		
rea Code & Telephone Number	Date of Gift or Bequest Amount/yalve*		
and Gode & Telephone Mumber	"value is defined as "fair market value" of Ilem as determined by		
mail Address (optional)	receiving department or office. If no value mark "0.00".		
rivali 2001663 (optional)			
Provide a description of the gift or bequest and purpose thereof:			
two devotional books for student use			
Criteria to use this form:			
Receipt of any gift or hequest that is received by			
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.		
Amant at Atti			
tement of Affirmation:			
ristin Hagedonaffirm that the gift or bequest reported abo	We is accurate I further offerm that the later of		
ssment of the fair market value (if applicable) is correct and true to the	we is accurate. I further affirm that the information concerning the donor a a beat of my knowledge.		
. /: -			
Kristin Hagedon			
	C 10 0010		
I would stagedon	Sept. 19, 2012		